



CITY OF LODI

COUNCIL COMMUNICATION

AGENDA TITLE: Communications (July 26, 1995 - August 9, 1995)

MEETING DATE: August 16, 1995

PREPARED BY: City Clerk

RECOMMENDED ACTION: No action - information only.

BACKGROUND INFORMATION: Copies of applications for Alcoholic Beverage Control Licenses have been received from the State of California Department of Alcoholic Beverage Control for the following:

- a) Lucky Stores, Inc., A Delaware Corporation, Southwest Corner of West Lodi Avenue and Hutchins Street, Lodi, Off-Sale General, Premises to Premises Transfer;
- b) Thrifty Payless, Inc., 520 West Lodi Avenue, Lodi, Off-Sale General and Off-Sale Beer and Wine License;
- c) Coco's Restaurant, 2347 West Kettleman Lane, Lodi, On-Sale Beer and Wine, Original License; and
- d) Joseph Connole to Christian Knox, Applebee's, 2442 West Kettleman Lane, Lodi, On-Sale General, Person to Person and Premises to Premises Transfer

Both the Southwest Corner of West Lodi Avenue and Hutchins Street and 520 West Lodi Avenue are zoned C-1, Neighborhood Commercial, and 2347 and 2442 West Kettleman Lane are zoned C-S, Commercial Shopping.

These zonings are appropriate for these types of Alcoholic Beverage Control licenses.

FUNDING: None required.


Jennifer M. Perrin
City Clerk

Attachments

APPROVED: _____

THOMAS A. PETERSON
City Manager

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)		1. TYPE(S) OF LICENSE(S)	FILE NO.
To: Department of Alcoholic Beverage Control 1901 Broadway Sacramento, Calif. 95818 (DISTRICT SERVING LOCATION)		RECEIVED JUL 28 1995 1 PM 3:43 21 Off Sale General	RECEIPT NO. 1046376 GEOGRAPHICAL CODE 3902 Date Issued Temp. Permit
The undersigned hereby applies for licenses described as follows:		Applied under Sec. 24044 <input type="checkbox"/> Effective Date: 1 year from date of application	Effective Date:
2. NAME(S) OF APPLICANT(S)		3. TYPE(S) OF TRANSACTION(S)	FEE
Lucky Stores Inc., A Delaware Corporation		Prem./Prem.	\$ 100.00
P-12 Oakland, 21-59275		Annual Fee	
4. Name of Business			LIC. TYPE
Lucky			21
5. Location of Business—Number and Street			
SNC West Lodi & Hutchins			
City and Zip Code			
Lodi			
County			
San Joaquin			
6. If Premises Licensed, Show Type of License			
N/A			
7. Are Premises Inside City Limits?			
Yes			
8. Mailing Address (if different from 5)—Number and Street			
6565 Knott Ave., Buena Park			
9. Have you ever been convicted of a felony?			
N/A Corporation			
10. Have you ever violated any of the provisions of the Alcoholic Beverage Control Act or regulations of the Department pertaining to the Act?			
Yes			
11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.			
various			
12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.			
13. STATE OF CALIFORNIA			
County of Butte		Date June 27, 1995	
Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing application and knows the contents thereof and that each and all of the statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.			
14. APPLICANT SIGN HERE			
Lucky Stores Inc. Assistant Secretary			

APPLICATION BY TRANSFEROR

15. STATE OF CALIFORNIA		County of	Date
Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee, named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below and to transfer same to the applicant and/or location indicated on the upper portion of this application form, if such transfer is approved by the Director; (3) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.			
16. Name(s) of Licensee(s)	17. Signature(s) of Licensee(s)	18. License Number(s)	
Lucky Stores, Inc. A Delaware Corp.	SEE ATTACHED ABC-231 FOR SIGNATURE	21-294957	
19. Location	Number and Street	City and Zip Code	County
	530 W. Lodi Ave., Lodi, CA 95240		

Do Not Write Below This Line; For Department Use Only

Attached: ☐ Recorded notice,
☐ Fiduciary papers,
☐ _____ COPIES MAILED 7-31-95
 (OTHER) _____

☐ Renewal: Fee of _____ Paid at _____ Office on _____ Receipt No. _____

Do not detach—Return all copies

Do Not Write Above This Line—For Headquarters Office Only

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
1901 Broadway San Francisco
Sacramento, Calif. 95818

The undersigned hereby applies for
licenses described as follows:

2. NAME(S) OF APPLICANT(S)

THRIFTY PAYLESS, INC.

(P-12 Applicant)

4. Name of B

3902

5. Location of

520 W. LODI AVE.
LODI, CA 95240

1. TYPE(S) OF LICENSE(S)

Off-Sale General

Off-Sale Beer & Wine

Applied under Sec. 24044 ☐

Effective Date:

FILE NO.

310496

RECEIPT NO.

1043849

GEOGRAPHICAL

CODE

Date

Issued

Temp. Permit

Effective Date:

3. TYPE(S) OF TRANSACTION(S)

FEE

LIC.

TYPE

~~XXXXXXXXXXXXXXXXXXXX~~

\$

~~XXXXXXXXXX~~ Section 24071

21 x 115

8,510.00

21

20 x 96

4,800.00

20

TOTAL \$13,310.00

6. If Premises Licensed,
Show Type of License

(p-12 Applicant)

7. Are Premises Inside
City Limits?

Yes

8. Mailing Address (if different from 5) - Number and Street

(Temp) (Perm)

9. Have you ever been convicted of a felony? NO

10. Have you ever violated any of the provisions of the Alcoholic
Beverage Control Act or regulations of the Department per-
taining to the Act? Yes

11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.

12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee, and
(b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

13. STATE OF CALIFORNIA

County of Los Angeles

Date JULY 11/95

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing application and knows the contents thereof and that each and all of the statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

14. APPLICANT
SIGN HERE

Gary S. Meade
Gary S. Meade, Esq. VP, Legal Affairs
and Secretary

APPLICATION BY TRANSFEROR

15. STATE OF CALIFORNIA

County of Los Angeles

Date JULY 11/95

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee, named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below and to transfer same to the applicant and/or location indicated on the upper portion of this application form, if such transfer is approved by the Director; (3) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

16. Name(s) of Licensee(s)

Payless Drug Stores

NorthWest, Inc.

17. Signature(s) of Licensee(s)

Gary S. Meade
Aristides H. Rodriguez
ARISTIDES H. RODRIGUEZ
COMM. #989768
Notary Public - California
LOS ANGELES COUNTY
My Comm. Expires JULY 11, 1997

18. License Number(s)

21-286983

19. Location

Number and Street

City and Zip Code

County

Do Not Write Below This Line; For Department Use Only

Attached: ☐ Recorded notice,
☐ Fiduciary papers,
☐ _____

(OTHER)

COPIES MAILED

7-24
7-24 95

☐ Renewal: Fee of _____ Paid at _____ Office on _____ Receipt No. _____



COPY

APPLICATION FOR ALCOHOL BEVERAGE LICENSE(S)

TO:

Department of Alcoholic Beverage Control

File Number.....310826

Receipt Number.....1045233

Geographical Code.....3902

Copies Mailed Date ~~7-21-95~~ 7-21-95

Issued Date

DISTRICT SERVING LOCATION:

Name of Business:

COCOS RESTAURANT

Location of Business:

Number and Street

2347 W KETTLEMAN LANE

City, State Zip Code

LODI CA

County

SAN JOAQUIN

Is premise inside city limits?

Mailing Address:

(If different from
premise address)

2701 ALTON AVE

IRVINE CA 92714

If premise licensed:

Type of license

Transferor's names/license:

<u>Licensee Type</u>	<u>Transferor Type</u>	<u>Fees Type</u>	<u>Master</u>	<u>DD</u>	<u>Date</u>	<u>Fees</u>
1. 41 ON-SALE BEER AND W ORIGINAL		NA	YES	0	JUL 24, 1995	\$300.00 :
2. 41 ON-SALE BEER AND W ANNUAL FEE		NA	YES	0	JUL 24, 1995	\$295.00 :
TOTAL						\$595.00

Have you ever been
convicted of a felony? NO

Have you ever violated any provisions of the Alcoholic Beverage Control
Control Act, or regulations of the department pertaining to the Act? YES

Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in on-sale licensed premise will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

STATE OF CALIFORNIA

County of SAN JOAQUIN

Date JUL 24, 1995

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Applicant Name(s)

Applicant Signature(s)

COCOS RESTAURANTS INC

Signed by: Kathleen Sorensen, Asst. Secretary



RECEIVED
JUL 21 1995

APPLICATION FOR ALCOHOL BEVERAGE LICENSE(S)

TO:

Department of Alcoholic Beverage Control
31 East Channel Street, Room 168
P.O. Drawer 150
Stockton, CA 95201
(209) 948-7739

File Number.....**310902**
Receipt Number.....**1045555**
Geographical Code.....**3902**
Copies Mailed Date
Issued Date

DISTRICT SERVING LOCATION:**STOCKTON****Name of Business:****Location of Business:**

Number and Street
City, State Zip Code
County

**2442 W KETTLEMAN LN
LODI CA 95242
SAN JOAQUIN
YES**

Is premise inside city limits?**Mailing Address:**

(If different from
premise address)

**633 E VICTOR RD E
LODI CA 95240**

If premise licensed:

Type of license

Transferor's names/license:**CONNOLE JOSEPH M 34517**

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
1. 48 ON-SALE GENERAL PU PERSON TO PERSON TRANS	P40	YES	0	JUL 25,1995	\$1250.00 :	
2. 48 ON-SALE GENERAL PU PREMISE TO PREMISE TRA	P40	YES	0	JUL 25,1995	\$100.00 :	
3. 47 ON-SALE GENERAL EA EXCHANGE LICENSE	P40	YES	0	JUL 25,1995	\$100.00 : -	
4. 47 ON-SALE GENERAL EA ANNUAL FEE	P40	YES	0	JUL 25,1995	\$695.00 :	
					TOTAL	\$2145.00

Have you ever been convicted of a felony? **NO** *CK* Have you ever violated any provisions of the Alcoholic Beverage Control Act, or regulations of the department pertaining to the Act? **NO** *CK*

Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in on-sale licensed premise will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

STATE OF CALIFORNIA**County of SAN JOAQUIN****Date JUL 25, 1995**

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filled with the Department or to gain or establish a preference to or for any creditor or transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Applicant Name(s)**Applicant Signature(s)****KNOX CHRISTIAN J**